



Behavioral Strategies and Assessment for Sexual Health

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- I have no conflicts of interest to disclose 😊

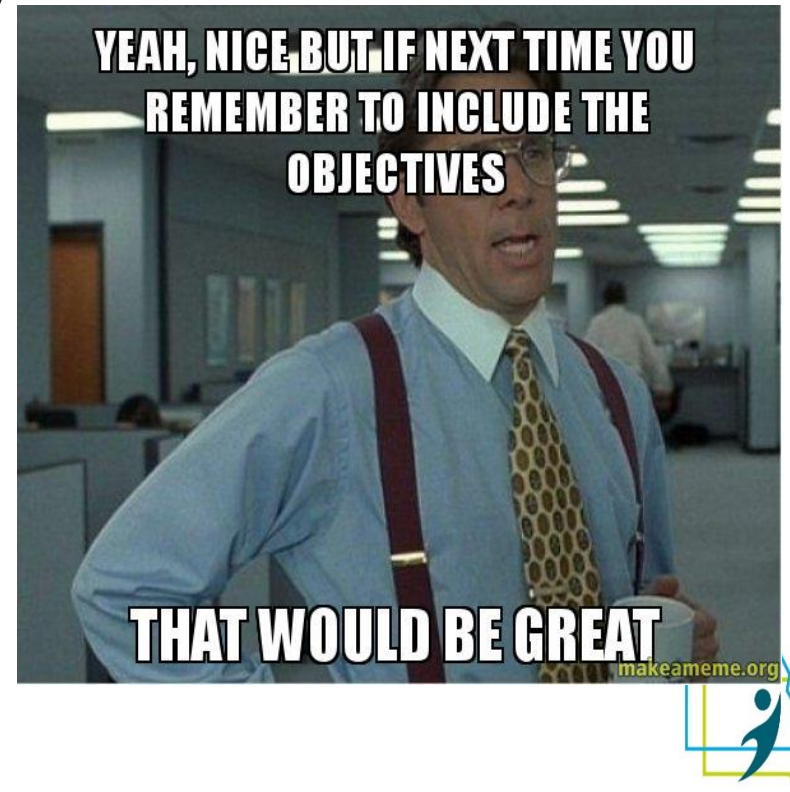
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What I'll Cover

- Let's talk about sex
- Gender/Orientation and Sexuality
- Sex Trust Communication
- Assessment
- STI and Sexual Function
- Psychological Factors



Getting Over It



Sex and disabilities – people assume lack of interest or ability

Masturbation, toys, penis vacuum.

Sex and age – Frequency of sexual activity decreases only minimally prior to age 74 (Laumann et al., 1994)

Multiculturalism

Sex is a QOL indicator but not everything.

Fenway safe sex brochure -
<http://bibliobase.sermais.pt:8008/BiblioNET/Upload/PDF4/002898.pdf>
image left is on this brochure.



People with Penises / People with Vaginas

- Transgender people exist
- Gender and Sexual Health
 - Cisgender – a person who identifies with the sex they were assigned at birth.
 - Transgender – a person whose gender identity is different than what was assigned at birth.
 - Some people subscribe to no gender at all.
 - Assumptions/research are based on cisgender people.
 - Sex organs are assigned along a binary.
- Sexual Orientation
 - Assumptions/research based on heterosexual orientation – this has gotten better
 - LGBTQI ..and don't forget the A for asexual – a person who experiences no sexual attraction. Gray areas exist. Estimates are 1% of the population.
<https://www.asexuality.org/>



Sex Trust Communicating

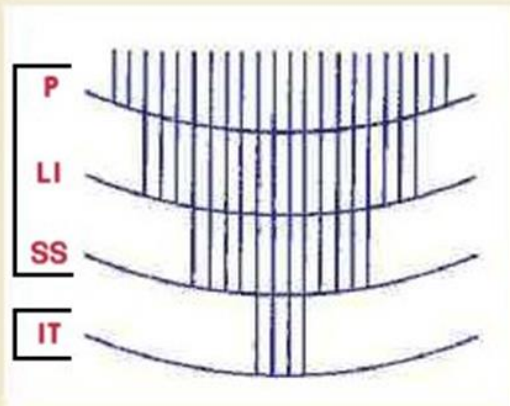
- Most important thing is to establish a non-threatening environment (Mona et al., 2011)
- Interview – semi-structured, assessments and tools
- Non-judgmental (type of sex and with whom, how many, how often, how much). Even when discussing risk.
- Both partners – teach healthy communication
- Are you concerned about consent? Does there seem to be cognitive/functional concerns?



PLISSIT

The PLISSIT Model of Sex Therapy

(developed by Jack Annon)



P = Permission

LI = Limited Information

SS = Specific Suggestions

IT = Intensive Therapy

- Patients like this model.
- It works well in primary care.



Assessments for Sexual Health

Index of Sexual Satisfaction (Hudson, Harrison, & Crosscup, 1981)

This questionnaire is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

Please begin:

1. I feel that my partner enjoys our sex life _____
2. My sex life is very exciting _____
3. Sex is fun for my partner and me _____
4. I feel that my partner sees little in me except for the sex I can give _____
5. I feel that sex is dirty and disgusting _____
6. My sex life is monotonous _____
7. When we have sex it is too rushed and hurriedly completed _____
8. I feel that my sex life is lacking in quality _____
9. My partner is sexually very exciting _____
10. I enjoy the sex techniques that my partner likes or uses _____
11. I feel that my partner wants too much sex from me _____
12. I think that sex is wonderful _____
13. My partner dwells on sex too much _____
14. I feel that sex is something that has to be endured in our relationship _____
15. My partner is too rough or brutal when we have sex _____
16. My partner observes good personal hygiene _____
17. I feel that sex is a normal function of our relationship _____
18. My partner does not want sex when I do _____
19. I feel that our sex life really adds a lot to our relationship _____
20. I would like to have sexual contact with someone other than my partner _____
21. It is easy for me to get sexually excited with my partner _____
22. I feel that my partner is sexually pleased with me _____
23. My partner is very sensitive to my sexual needs and drives _____
24. I feel that I should have sex more often _____
25. I feel that my sex life is boring _____



Assessments Cont.

International Index of Erectile Function Questionnaire (Rosen et al, 1997)

Please respond to each of the questions below, considering **THE PAST FOUR WEEKS**:

1. How often were you able to get an erection during sexual activity?

0 = No sexual activity
1 = Almost never/never
2 = A few times (much less than half the time)
3 = Sometimes (about half the time)
4 = Most times (much more than half the time)
5 = Almost always/always

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

0 = No sexual activity
1 = Almost never/never
2 = A few times (much less than half the time)
3 = Sometimes (about half the time)
4 = Most times (much more than half the time)
5 = Almost always/always

3. When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

0 = Did not attempt intercourse
1 = Almost never/never
2 = A few times (much less than half the time)
3 = Sometimes (about half the time)
4 = Most times (much more than half the time)
5 = Almost always/always

4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

0 = Did not attempt intercourse
1 = Almost never/never
2 = A few times (much less than half the time)
3 = Sometimes (about half the time)
4 = Most times (much more than half the time)
5 = Almost always/always

5. During sexual intercourse, how difficult was it to maintain your erection to the completion of intercourse?

0 = Did not attempt intercourse
1 = Extremely difficult
2 = Very difficult
3 = Difficult



Assessment Cont

Sexual Beliefs and Information Questionnaire (SBIQ-R) (Adams et al., 1996)

For each of these items, circle “T” if you think the statement is true, circle “F” if you think it is false, and circle “?” if you are not sure. Some of the questions do not have one right or wrong answer. The answers you choose will help us understand how you feel or what you think is right.

- | | | | | |
|-----|---|---|---|--|
| 1. | T | F | ? | The penis must be totally erect before a man can have an <u>orgasm</u> (climax) and ejaculate |
| 2. | T | F | ? | A couple can have a good sexual relationship even if they <u>never</u> have their orgasm (climax) at the same <u>time</u> |
| 3. | T | F | ? | A condom (rubber) protects against pregnancy and many <u>diseases</u> |
| 4. | T | F | ? | Lubrication (getting wet) in the female shows sexual <u>excitement</u> like an erection does in the male |
| 5. | T | F | ? | Anal sex without a condom increases the possibility of getting a sexual disease |
| 6. | T | F | ? | Masturbation by either a man or a woman is a sign that there <u>is</u> something wrong with his or her sex life |
| 7. | T | F | ? | Sex problems often occur because men and women are <u>too</u> embarrassed to tell their partner what stimulation they need to get <u>aroused</u> |
| 8. | T | F | ? | Most women are able to be sexually satisfied even if their <u>partner</u> cannot maintain an <u>erection</u> |
| 9. | T | F | ? | Deep in the vagina is the most sensitive area of the <u>woman's</u> sexual organs |
| 10. | T | F | ? | The larger the penis the more physically satisfying it is to the |



Complete State of Sexual Health

- Sexual Health Model from Mona et al. (2011) Based on Complete State Model of Mental Health (Keyes & Lopez, 2002)

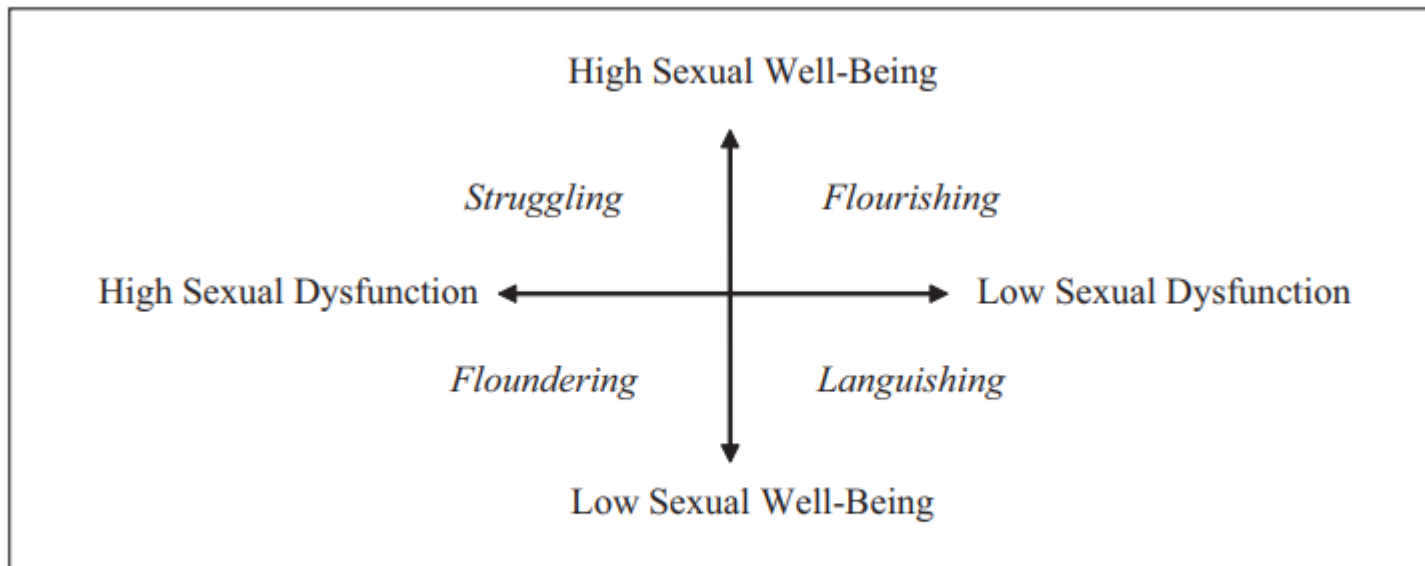


Figure 1. Sexual Health Model

Source: Mona et al. (2011).



STIs and Sexual Function

- HIV
 - Peripheral neuropathy caused by the virus or even some treatments of the virus has been found to cause problems with ejaculation.
 - Low testosterone
 - Pressure to use condoms – can lead to sexual dysfunction (ED). Also, some people with sexual dysfunction don't use condoms for this reason, opening them up to STIs. Undetectable can be a relief.
 - Anxiety disorders over 15% compared to 2.1% of general population
- Chlamydia
 - ED
 - Prostatitis
 - Anxiety leading to difficulty in arousal
 - Desire issues, lubrication, overall sexual satisfaction decrease in cis women
- Gonorrhea
 - Lead to PID
 - Sterility
- HSV
 - ED
 - Low sex drive
 - Pain



Psychological Factors

- Body Image
- Mental Illness and ED - 1/4 of men with ED meet criteria for a psychiatric diagnosis; most commonly an affective disorder
- Shame, guilt, fear
- Talking to partners about STI. Fearful patients who have an STI to tell their partners. Is it safe to say something?
- Cisgender women studies –Greater prevalence of STIs in women who are in IPV relationships, and it's recommended they be screened. Could be inferred that this is not just cisgender women. Anxiety. Depression.
- Medication impact



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Resources

- Syme, Maggie L, Linda R Mona, and Rebecca P Cameron. “Sexual Health and Well-Being After Cancer: Applying the Sexual Health Model.” *The Counseling psychologist* 41.2 (2013): 268–285. Web.
- <https://pubmed.ncbi.nlm.nih.gov/20092446/#:~:text=Aim%3A%20To%20show%20that%20STIs,and%2C%20hence%2C%20STI%20acquisition>.
- <https://www.aidsmap.com/about-hiv/sexual-dysfunction-and-hiv#:~:text=Many%20people%20with%20HIV%20have,who%20have%20normal%20testosterone%20levels>.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3856434/>



Resources

- <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/HIV-Psychiatry/FactSheet-Anxiety-2012.pdf>
- <https://benrose.org/-/resource-library/health-and-wellness-services/sexually-transmitted-diseases-in-older-adults>

